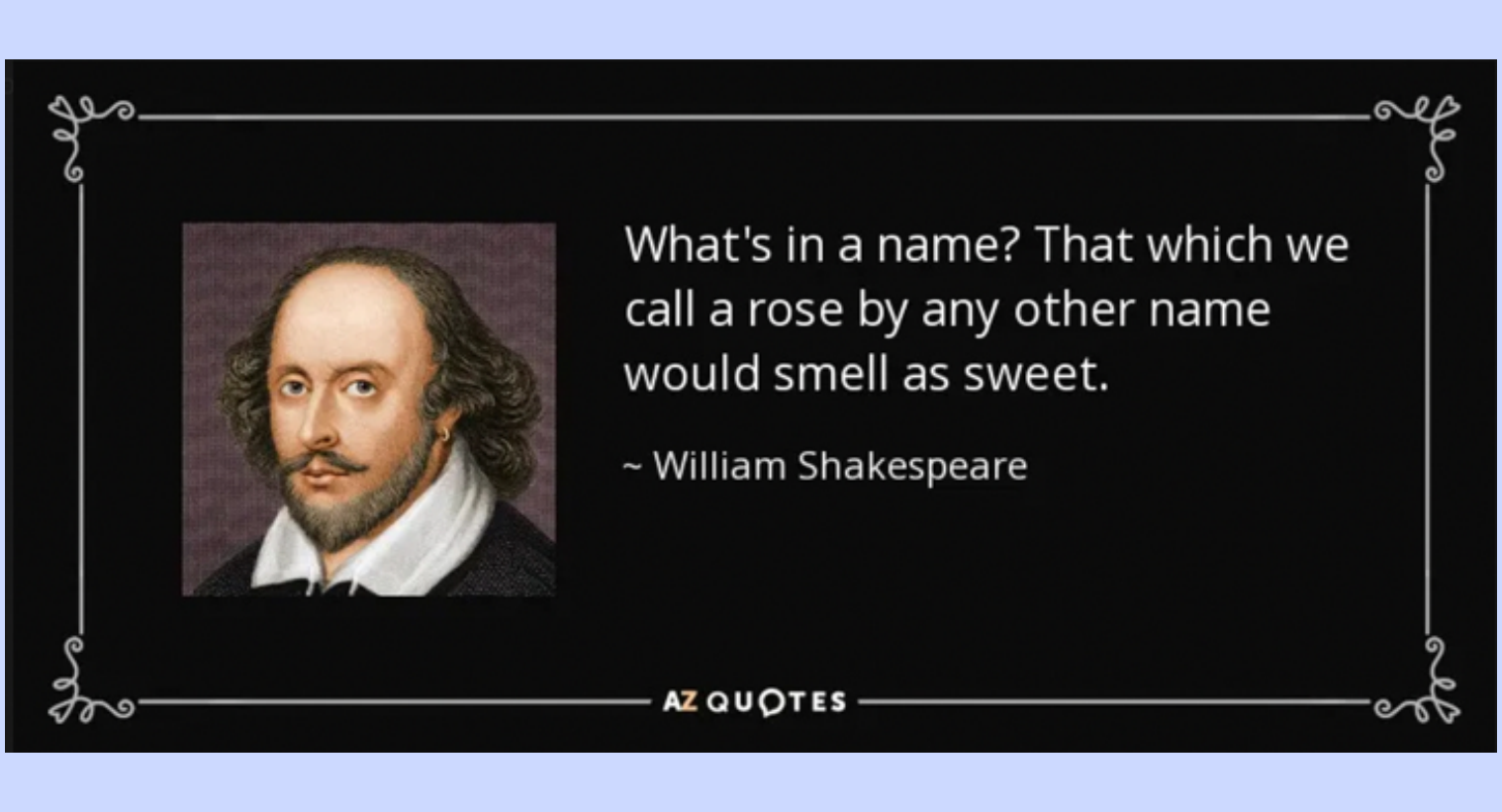
"Vaccines" as Shakespeare might see them

A COVID-19 injectable product by any other name (like "vaccine") would smell as nasty (and be as harmful).

Jessica Rose
Feb 21

322 175

Recently Aaron Siri wrote a very important Substack entitled: "mRNA Vaccines are "Vaccines" - Like it or not, mRNA vaccines are no less a vaccine than other vaccines", to which I, among many others, reacted to. His words opened a can of worms which, in my case, prompted me to go on a journey to define more clearly and accurately why I prefer not to refer to the COVID-19 injectable products as "vaccines", even if they do technically qualify as such.


What's in a name? That which we call a rose by any other name would smell as sweet.
~ William Shakespeare
AZ QUOTES

To be clear, I hadn't read his article carefully prior to 'tweeting' a comment in response to his own 'tweet' of his Substack, and I knee-jerk responded to his Twitter text which read:

> Covid-19 mRNA vaccines are "vaccines." Like it or not, mRNA vaccines are no less a vaccine than other vaccines. For everyone sending me friendly messages such as "STOP CALLING THEM A F--ING VACCINE," I have bad news: Covid-19 vaccines are "vaccines."

Most people can probably understand why I wrote the following - even prior to finishing a thorough read of the attached article.

> Disagree. Based on the fact: 1. that they did not undergo safety testing that conventional vaccines underwent. 2. they do NOT induce long lasting immunity and 3. that they do not stop transmission, therefore. They are at best, failed attempts at gene-BASED therapies.

But one of the mistakes I made, besides not reading the article carefully, was to not take note of his use of air quotes surrounding the word "vaccines". Which is weird, because I am someone who actually over-uses air quotes.

After carefully reading his article, which I highly recommend everyone do because of the relevance and importance of the points that he makes therein, I would like to revise the 3 points of my original 'tweet', if I may. The revised points still distinguish the COVID-19 injectable products from pre-COVID products but in a more accurate way, and based on Aaron's points.

This 'what to call the COVID-19 injectable products' is a huge, and dare I say, intentional, point of contention. But since words are imbued with meaning, we must acknowledge their power. More specifically, we must acknowledge the power of the word "vaccine" that, in spite of the current reality of lacking safety profiles of pre-COVID vaccines, has always been associated with 'safety' in the eyes of the many. I have been listening to Depeche Mode's "Enjoy the Silence" on repeat for days and they're right: *Words like violence, break the silence.*

Words are powerful because they hold much more than even meaning. They hold memories. They can even induce smells. Think of the word bread. Smell it? They can make us cry. They can make us laugh. They can make us angry. They can make us change our minds. Often words are what *cause* us to change our minds. The simple word vaccine prompted me to write this article that took me all day to do.

Words can also be weaponized, and used as tools to divide and conquer people. Think about the introduction of the infamous 'anti-vaxxer' word.

So here's what I would tweet now:

> **Disagree. Based on the fact that: 1. the word vaccine has extensive power that extends beyond its definition 2. they do far more than induce desired immune responses and 3. they are LNP-based products. They are at best, failed attempts at gene-BASED therapies.**

I want to start by reiterating my original 3 points, explain why I now think they fall short in distinguishing between pre-COVID vaccines and the COVID-19 injectable products based on Aaron's article, and then end with what might be considered three 'better' points of disagreement to use. As ironic as that sounds.

Point 1 in the Twitter comment I posted:

1. **that they did not undergo safety testing that conventional vaccines underwent**

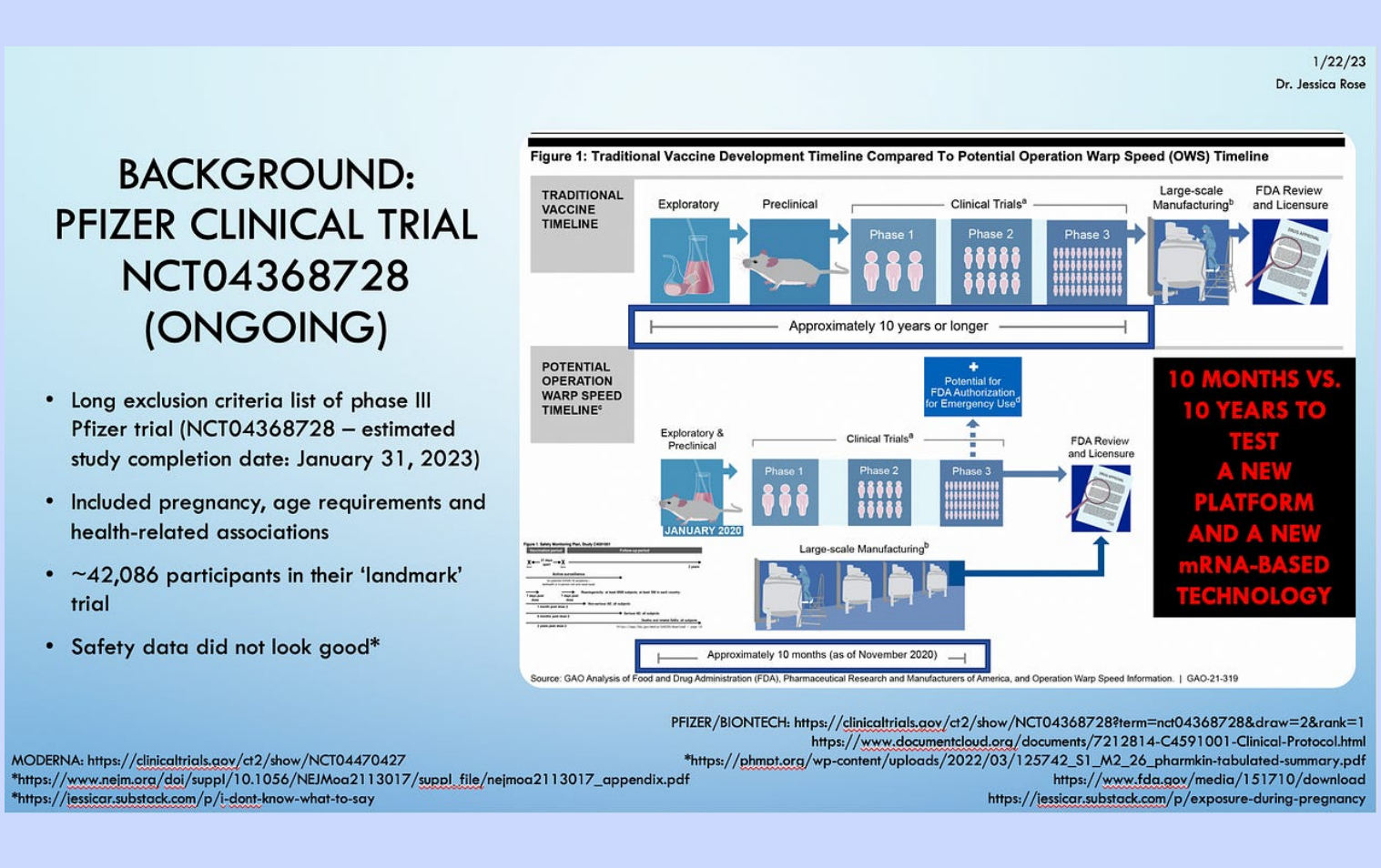
Let's journey to Aaron's reasoning why this point does not distinguish COVID-19 products from pre-COVID vaccines. Please go the to section in his article entitled: "**They were rushed**".

Aaron's argument relies on the idea that the comparison between vaccines and the COVID products must be made at the clinical trial level.

As part of the many, many years of product testing that biologicals must go through, clinical trials are indeed the most critical element - especially Phase III: the phase that involves the largest amount of people, the longest amount of time, and control groups. Typically, Phase III trials are book-ended by animal trials, Phases I and II trials (and perhaps IV), FDA approval and pharmacovigilance monitoring. All of these sequential steps are essential components to the development of safe biological products that incidentally, seemed to have been entirely skipped, at least in the case of particular vaccines.

The following slide is the slide I presented at the Sweden conference of late, and it demonstrates the difference between the traditional timeline for vaccine development and the 'operation warp speed' accelerated timeline. It also demonstrates how the total duration of testing for the COVID-19 injectable products fell far short of the well-established timeline traditionally ***meant to be*** followed for vaccine development.

But here's what I learned from Aaron's article: pre-COVID vaccines aren't following the well-established timeline either. Especially not the ones developed for Hepatitis B (HepB).


1/22/23
Dr. Jessica Rose

BACKGROUND: PFIZER CLINICAL TRIAL NCT04368728 (ONGOING)

- Long exclusion criteria list of phase III Pfizer trial (NCT04368728 – estimated study completion date: January 31, 2023)
- Included pregnancy, age requirements and health-related associations
- ~42,086 participants in their 'landmark' trial
- Safety data did not look good*

Figure 1: Traditional Vaccine Development Timeline Compared To Potential Operation Warp Speed (OWS) Timeline

Source: GAO Analysis of Food and Drug Administration (FDA), Pharmaceutical Research and Manufacturers of America, and Operation Warp Speed Information. | GAO-21-319

MODERNA: https://clinicaltrials.gov/ct2/show/NCT04470427
*https://www.nejm.org/doi/suppl/10.1056/NEJMoa2113017/suppl_file/nejmoa2113017_appendix.pdf
*https://jessicar.substack.com/p/i-dont-know-what-to-say

PFIZER/BIONTECH: https://clinicaltrials.gov/ct2/show/NCT04368728?term=nct04368728&draw=2&rank=1
https://www.documentcloud.org/documents/7212814-C4591001-Clinical-Protocol.html
*https://phmpt.org/wp-content/uploads/2022/03/125742_S1_M2_26_pharmkin-tabulated-summary.pdf
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https://jessicar.substack.com/p/exposure-during-pregnancy

TRADITIONAL VACCINE TIMELINE
Exploratory
Preclinical
Clinical Trials
Phase 1
Phase 2
Phase 3
Large-scale Manufacturing
FDA Review and Licensure
Approximately 10 years or longer
POTENTIAL OPERATION WARP SPEED TIMELINE
Exploratory & Preclinical
Clinical Trials
Potential for FDA Authorization for Emergency Use
Phase 1
Phase 2
Phase 3
FDA Review and Licensure
JANUARY 2020
Large-scale Manufacturing
Approximately 10 months (as of November 2020)
10 MONTHS VS. 10 YEARS TO TEST A NEW PLATFORM AND A NEW mRNA-BASED TECHNOLOGY

So let's set aside all the decades of pre-development and benchwork trials and tribulations, and all the book-ended stuff and focus on the Phase III clinical trials. If we compare the phase III clinical trials of the COVID-19 mRNA shots to the Engerix B HepB shots given to babies fresh out of mommy's womb (don't get me started on this), the COVID-19 mRNA products actually win out if you compare the timeframes taken for study and the number of participants involved.

Regardless of the fact that the placebo participants in the Pfizer Phase III clinical trial were unblinded and injected, for example, and regardless of the deplorable safety profile of the data that came out of this trial, the fact that there were 147 (as opposed to ~30,000) 'participants' in the trial for the HepB vaccine that lasted **a whole 5 days**, makes the COVID-19 trial 'superior' by this measure. Granted, both are sub-standard (whatever that means - very important to define this, actually) in my opinion, but Aaron's point is more than valid: 147 babies over 5 days is A JOKE and does not comprise a (Phase III clinical) trial that holds any water.

The HepB Engerix B product is definitively referred to as a vaccine, but as Aaron rightly points out, if you use the Phase III clinical trials as a comparative measure, then so are the COVID-19 products. Now to be fair to myself, my comment wasn't based on Phase III trials alone. When I refer to safety testing, I refer to the entire process that is meant to take 5-15 years, according to the traditional timeline drawn up by the biologics people over decades. And if you compare the COVID-19 mRNA shot production timeline, even considering that LNP technology has been 'in development' for decades, the time it took to go from modified spike protein template + ionizable LNP packaging 'safe' for administration to humans was not long enough. Period.

So in my opinion, **they both get failing grades**. But when comparing the Phase III trials, the HepB GSK shots produced to be injected into newborns fail way harder than the modified mRNA shots produced by Pfizer. Now that's saying something! **They both should be taken off the market, in my opinion.**

Aaron writes:

> If you were going to take a vaccine based on the robustness of its clinical trial, you would take an mRNA vaccine before any other vaccine on the childhood schedule!

No arguments from this chickie, but you won't see me lining up for either of these shots, no matter what we call them! I think you've got to be smokin' some pretty hardcore bud to think injecting a newborn with a HepB shot is a good idea in the first place. Watch this gripping video below (or by clicking on the photo) to get details on how deplorable the situation is with regard to safety testing in the context of clinical trials for products aimed at newborns. It's insane. I also wrote about this. Many times. You can read one of my articles here.

So the deal-io is this, I suppose: call both of them vaccines, or call neither of them vaccines; **if the measure is the length and participant number of the Phase III trials**.

N.B. The question remains as to whether all other vaccines have equally deplorable Phase III characteristics. My guess would be that they do. So in reality, none of them are vaccines if the definition of a vaccine includes long-term safety testing. Perhaps we could even define a moment on the vaccine development timeline when the definitions went, shall we say, off course? Maybe there *were* vaccines, once upon a time, and now there are a wide variety of injectable products? Or maybe vaccines as we know them have always been what they are now?

Point 2 in the Twitter comment I posted:

2. **they do NOT induce long lasting immunity**

Let's journey to Aaron's reasoning why this also does not distinguish the COVID-19 injectable from pre-COVID vaccines. Please go to the sections in his article entitled: "**The definition of "vaccines" changed!**" and "**But all other vaccines work the same way, and this one is different!**"

Aaron's first argument as to why this is faulty reasoning relies on the idea that the COVID products align well with CDC's former definition of "vaccine" and "immunity" that states that vaccines produce immunity defined by the presence of specific antibody generation. Fair enough. The COVID-19 modified mRNA injections do appear to be associated with transient specific antibody production. So for all intents and purposes, according to the CDC's own pre-COVID definitions, the COVID-19 injections - according to them - qualify as vaccines. Aaron also points out that one of the previous definitions even went so far as to imply that a vaccine prevents infection, so by rights, there are many examples of vaccines that do *not* fall in line with this definition. So again, to be fair, if we aren't going to call the COVID-19 shots "vaccines", according to this measure, then we also shouldn't call these other vaccines that don't prevent infection vaccines either. **If this is the measure.**

He writes:

> Almost all vaccines are different, often very different, technologically, mechanistically, etc. But they all have one thing in common: they artificially stimulate the immune system to generate an immune response. That is equally true of the mRNA vaccines.

Now this is a very important talking point. It is true that the baseline idea behind inoculation or immunization or vaccination is to induce a specific immune response from the adaptive branch of the immune system, such that any challenge with a related pathogen does not result in serious illness in the future. The potency and the longevity of these secondary responses will depend a lot on the inoculant used. For example, the broader the spectrum of foreign protein introduction, the broader the spectrum of the specific mediators and responses.

Aaron is right that the mRNA injectable products *do* stimulate an immune response based on host production of foreign spike proteins. So technically, if one defines a vaccine based on this precept, then the COVID-19 injectable products qualify as vaccines. Failed vaccines (ie: no long term immunity as my point 2 states), but vaccines nonetheless. **If this is the measure.**

Point 3 in the Twitter comment I posted:

3. **that they do not stop transmission**

Let's journey to Aaron's reasoning why this also does not distinguish the COVID-19 products from conventional vaccines. Please go the section in his article entitled: "**mRNA Vaccines do not prevent infection and transmission!**"

Aaron's argument as to why this is faulty reasoning relies on the idea that many pre-COVID vaccines *also* do not prevent infection and transmission. He's right. Check this out from the paper that he references in his article entitled: "Pertussis Prevention: Reasons for Resurgence, and Differences in the Current Acellular Pertussis Vaccines".

> Consequently, preventive measures such as aPVs that do not induce a valid mucosal response can prevent disease but cannot avoid infection and transmission.

So this is just one example, and I am quite sure if one did a wee bit of digging, one would find more examples.

So the bottom line is that *other* vaccines *also* don't prevent transmission or infection so it's not a good distinguishing feature for COVID-19 injectable products and pre-COVID vaccines. It never was.

Do you guys remember one of the propaganda messages we were bombarded with during the COVID era? What was it: if you get 'vaccinated', the virus stops at you? They weaponized the word 'transmission' as well. It was the 'health authorities' and the legacy media that convinced the public that transmission was blocked by vaccines. They knew this was a lie, but they constantly touted it anyway. Since then, all have reneged on this baseless claim and it was even recently revealed that the Pfizer products were never tested for transmissibility, so why were they saying that people become dead ends for the virus if they get injected? And why has the non-transmissibility idea even been fortified as a reason that the COVID-19 injectable products are not vaccines if other vaccines admittedly don't stop transmission? I totally fell for that one!

So to summarize, the COVID-19 injectable products appear to qualify as vaccines when referring to Phase III clinical trials, the ability to induce an immune response and their non-requirement to have to stop transmission.

But nonetheless, I firmly believe that we should not refer to these COVID-19 injectable products as vaccines, even if they qualify as such.

So here is my revised tweet again:

> **Disagree. Based on the fact that: 1. the word vaccine has extensive power that extends beyond its definition 2. they do far more than induce desired immune responses and 3. they are LNP-based products. They are at best, failed attempts at gene-BASED therapies.**

1. **the word vaccine has extensive power that extends beyond its definition**

One cannot deny that the word vaccine comes with meaning. Meaning that is associated with 'safety'. Meaning that is associated with health. And even vitality. Certain vaccines might actually have even been safe, once upon a time. In my opinion, none qualify as safe anymore. When the CDC and FDA do a proper vax-unvaxxed study - like as in, not injecting the unvaxxed group with anything, for *any* vaccine - then we can talk.

I saw a video recently where Stefan Oelrich states to a World Health Summit crowd, that if they had called the mRNA COVID-19 shots what they were: "gene therapy", at the onset of the roll-out, then uptake would have been bad. 'They' had proposed doing a survey to ask the public if they'd be ok with being injected with a gene (or cell) therapy agent (as opposed to a vaccine), and it turns out, they didn't do the survey because they anticipated that 95% of people would say: HELL NO. I think they were right in their determination of the outcome and wait: did this guy just admit to pre-planned deception and coercion?

Stefan Oelrich (Bayer): mRNA vaccines are Gene Therapy

I also recently asked my Twitter followers the following:

> How do you guys think the past 2 years might have played out if instead of referring to the Pfizer and Moderna injectable products as 'vaccines', they were referred to as 'gene-based therapies' or 'injectable biologicals', or something else descriptive like that? Curious to know.

I wrote this response to my own Tweet:

> I am going to respond to my own poll. Having thought about how it might have played out, it's possible that team 'vaccine' might have been completely vindicated since it would have only been the covid shots associated with danger! An interesting mind-bending thought experiment!

😵‍💫

Regardless of the vindication of vaccines, if they had not decided to refer to these products as vaccines, 6.6 billion people mightn't have lined up so easily.

2. **they do far more than induce desired immune responses**

I've been doing a lot of homework regarding these COVID-19 injectable products (as you all know) and I can very confidently state that they do far more than induce transient specific antibody responses to the spike protein: they appear to induce a complete dysregulation of the immune system, in some individuals. We are seeing resurgences of autoimmune conditions, new ones appearing, cancers returning, new rare cancers emerging (in some cases very quickly), latent viral pathogens re-emerging, etc… - a literal plethora of case studies, literature and data indicating that these products go far and beyond the so-called 'call of duty' of artificially stimulating the immune system to generate an immune response. They appear to be comprehensively destructive - and we have yet to define the mechanism of action inducing the destruction. We are getting close, but it takes time, especially when good science is being demonized.

I compared the reports of adverse events made for flu within a 462 day timeframe against the COVID shots with regard to the number of reports and the number of types of reports as per VAERS. There was no comparison between the two: the COVID shots very clearly induced more - and more comprehensive - damage than the flu shots within the same timeframe. There's something extra bad about these shots and it extends beyond the fact that they were doled out so fast and in multiple doses to so many people.

And this leads beautifully into point 3:

3. **they are LNP-based products**

This point sets the COVID-19 injectable products apart from pre-COVID vaccines. It's never been the case that a vaccine - no matter what the platform or antigen used - has utilized LNPs as a delivery vehicle for said antigen. I have been doing a lot of digging into the LNPs from every point of view and even though the idea sounds awesome at a distance, the reality is, I am not sure these things are not just as toxic as they've always been to humans. I cannot find solid evidence to support that they are NOT toxic to humans, even with the ionizable cationic lipids with ester incorporation, which is meant to imbue degradability. So this might be at least one of the reasons why the COVID shots are doing so much damage. It could be a 'simple matter' of bio-distribution and accumulation that wouldn't be an issue with non-LNP or pre-COVID vaccines.

This article has been difficult for me to write because I found myself very conflicted on this issue. On one hand, what the hell does it matter what we call the COVID shots? They're still harmful. But on the other hand, it *really matters* what we call the COVID shots from a psychological point of view.

Agreeing that the harms done from both the COVID-19 injectable and pre-COVID vaccines is the giant nasty ball of phlegm that we need to expectorate. I personally think we need to destroy the specific COVID-19 narrative by calling it out, and in its wake, the entire vaccine narrative will also fall. To me, it's like going for the Achilles heel as opposed to the torso, in battle. One of the ways I think we can call it out is by refraining from calling the COVID-19 injectable products 'vaccines'. Having said this, one might argue that in order to topple this giant and its Achilles heel, we should use the 'common' language in order not to alienate the 'other side', like say, in a court setting.

For example, it would be difficult to convince a person who believes the 'safe and effective' narrative that they should even *listen* to you if you begin your appeal by referring to the COVID shots as 'death shots', as an extreme example. This also applies to scientific writing and I understand very well that a manuscript has a much better chance of being accepted for review and publication if it refers to the COVID-19 injectable products as vaccines and not 'injectable products'. My paper with Peter McCullough is a testament to this. It was mysteriously withdrawn post publication whilst being proudly entitled: "A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable Biological Products". Maybe this is what prompted the mysterious 'retraction'?

We all want justice. If we find ourselves quarreling over word choice, perhaps we're all are putting less attention to calling out the harms being done? I spent a whole on this! Just kidding. It was very important for me to go through this. But let me ask my readers something. Aren't we necessarily forced to call the COVID-19 shots… something? I'm still not sure. I am still conflicted as to precisely what we should refer to these things as, but I am not conflicted as to what we should *not* refer to them as.

That was an entirely obnoxious way to end this article, but so be it.

I want to personally thank Aaron Siri for being an indomitable rock star, in general, and for inspiring me to ask myself some hard questions and to explore my own relationship with this really contentious subject.

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Dennis Field Writes Down From Up Feb 21 Liked by Jessica Rose

I'm with Siri on this one as it turns out the entire concept of 'vaccine' has been overrated and mythologized. Its time to audit them all.

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9 replies

Donna Celia Feb 21 Liked by Jessica Rose

Can I just say, one of my favorite things about Substack is that folks like Aaron Siri and Jessica Rose are engaging in a public dialogue. They read each other, adapt to one another, acknowledge one another's points, retract and adapt their positions when they find they are wrong... and that, in my opinion is such a wonderful thing to see!! I also am guilty of sometimes reacting first, then carefully pondering what is being said. I hope I live out the example that Rose and Siri are setting--they aren't "colleagues" per se, since one is a biomedical researcher and one is an attorney, but they have perspectives that influence and craft one another and they engage with each other respectfully. It betters them both. And I hope I live out the example in my life, too.

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5 replies by Jessica Rose and others

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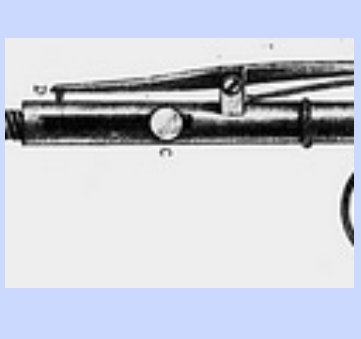
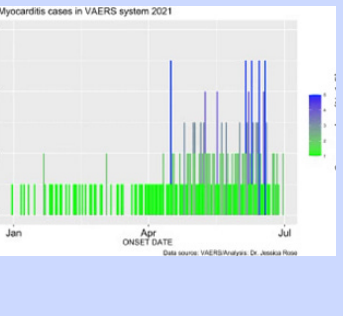
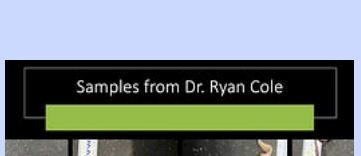


This is one of the emails I received the other day. I get hundreds daily, and I am hearing you all.
This particular note spoke loudly to me and this lovely person gave me permission to share her words.
JESSICA ROSE JUL 17, 2022 1,699 246



A Report on Myocarditis Adverse Events in the U.S. Vaccine Adverse Events Reporting System (VAERS) in Association with COVID-19 Injectable…
Jessica Rose PhD, MSc, BSc and Peter A. McCullough MD, MPH
JESSICA ROSE NOV 2, 2021 1,258 146



Rewrite: Let's tag team this until everybody understands
The modified spike protein is dangerous and for very specific reasons.

JESSICA ROSEJUN 13, 2022 ♡698 140

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